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APPLICANTS

Richard H. Sandler, Evanston, IL;  
 Hansen A. Mansy, Justice, IL;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/433,698 12/16/2002 *g*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None g*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS  
 34431  
 HANLEY, FLIGHT & ZIMMERMAN, LLC  
 20 N. WACKER DRIVE  
 SUITE 4220  
 CHICAGO , IL  
 60606

TITLE  
 Artificial iris and lens apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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